

12 months. Both insertional and non-insertional tendinopathies were found to be improved after surgical treatment.

Conclusions: Our series shows surgical treatment of Achilles tendinopathies can be successful in patients who fail conservative treatment.

1396: 'TIERS OF DELAY': WARFARIN, HIP FRACTURES AND TARGET DRIVEN CARE

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Introduction: Anticoagulation reversal causes operative delays and loss of Best Practice Tariff (BPT). We sought to establish the impact on BPT for hip fracture patients admitted on warfarin.

Methods: Patients undergoing surgery for a hip fracture over a 32-month period were reviewed. Time to theatre, length of stay and mortality were subject to independent samples t-tests.

Results: 83 patients on warfarin had a mean time to theatre of 49.74 hrs (1.71–121.88), a 79% breach of BPT. In the control group, 908 patients took on average 24.51 hrs (1.2–287.48), a 28% breach of BPT ($p < 0.01$). Length of stay and mortality were similar for both groups. Due to anticoagulation reversal over the study period resulting in loss of BPT of £80,000, we have developed a new protocol of early Intravenous Vitamin K (IVK) administration, given in casualty before the INR result is available. All eight anti-coagulated hip fracture patients admitted since the instigation of the new protocol have undergone surgery within 36hrs, 100% compliance with BPT.

Conclusions: Whilst it is accepted that there are limitations to this work, it should raise awareness of the impact of early IVK for the first time in terms of loss of potential revenue and improved patient outcome.

1400: DOES A STIFFER CONSTRUCT IMPROVE DEFORMITY CORRECTION IN ADOLESCENT IDIOPATHIC SCOLIOSIS?

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Introduction: To compare the deformity correction using Cobalt Chromium (CoCr) versus Titanium (Ti) alloy rods in Adolescent Idiopathic Scoliosis (AIS).

Methods: Two, 50 AIS patient cohorts were treated with posterior segmental pedicle screw fixation using Ti or CoCr rods. Radiographs were retrospectively reviewed concerning: Mean Coronal Curvature, sagittal Balance (C7 Plumb Line), kyphosis (T5–12).

Results: Incomplete radiographs provoked 13 exclusions. 38 patients received CoCr, 45 Ti and 4 both. No difference ($p = 0.57$) was seen in mean coronal correction between the CoCr (0.64) and Ti groups (0.62) however subgroup analysis of all large curves (> 50 degrees) demonstrated a significant improvement in correction with the CoCr constructs (0.81 vs 0.69, $P = 0.02$). Sagittal balance was improved in both (CoCr 27.8, Ti 28.0) without significant difference ($p = 0.84$). Preoperative kyphosis was normal in 49% and 43% of the CoCr and Ti Groups respectively ($p = 0.63$). 12 Ti patients moved from normal kyphosis to abnormal. 9 moved from abnormal to normal ($p = 0.66$). 10 CoCr patients were normalised with only 2 becoming abnormal ($p = 0.04$).

Conclusions: Stiffer CoCr rods improve coronal correction for patients with large curves and normalise hypokyphotic deformities more effectively. Improvements weren't seen in sagittal balance or coronal curves less than 40 degrees.

Paediatric Surgery

0477: AUDIT OF INITIAL EXPERIENCE OF LAPAROSCOPIC PYLOROMYOTOMY

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Introduction: Laparoscopic pyloromyotomy has recently been introduced at our institution. Our aim was to audit this initial experience, focusing on complications.

Methods: Patients who had laparoscopic pyloromyotomy between 2005 and 2013 inclusive were identified retrospectively from the theatre database. These case notes were reviewed regarding demographics, presentation, operative details and post-operative course.

Results: During the study period 604 pyloromyotomies were performed, 39 attempted laparoscopically (7%). For the laparoscopic group, median age at presentation was 5 weeks (range: 2–9 weeks), gender (31 male, 80%), mean weight 3.9kg (range: 2.5–5.3kg) and 3 had positive family history.

Complications were noted in 5 patients (13%); 3 had duodenal perforation (site of perforation; 2 at site of grasper and 1 at site of pyloromyotomy) repaired with open conversion, 1 further patient had open conversion due to technical difficulty, 1 had open re-do pyloromyotomy 4 weeks later for inadequate pyloromyotomy, 1 had port-site infection requiring oral antibiotics, and 1 had epigastric port-site omental hernia requiring surgical repair.

Conclusions: Laparoscopic pyloromyotomy is a feasible treatment for pyloric stenosis although technical challenges should be appreciated. Our experience highlights the importance of gentle grasping of the duodenum for stabilisation during pyloromyotomy and ensuring clear visualization whilst spreading the pyloric muscle.

0561: OESOPHAGEAL ATRESIA/TRACHEO-OESOPHAGEAL FISTULA: RENAL ANOMALY SCREENING

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Introduction: A recent EUROCAT epidemiological survey found renal anomalies in 16% of oesophageal atresia (OA) +/- trachea-oesophageal atresia (TOF) patients. No local or UK guidelines exist on the routine screening of renal anomalies in these patients. This audit assessed the rate of renal tract ultrasound in patients with OA +/- TOF who presented at our institution.

Methods: We retrospectively reviewed OA +/- TOF cases over a 5-year period. Demographics, clinical details and ultrasound reports were collated from the Standardised Electronic Neonatal Database (SEND) and radiology Picture Archiving Communications System (PACS).

Results: 50 cases of OA +/- TOF were identified. Renal tract ultrasound was performed in 36/50 (72%) patients. The average age at which ultrasound was performed was 40-days old (range 0–755). Renal anomalies were detected in 6/36 (17%) cases. Of the 14 patients who had no renal tract ultrasound record at our institution or at the referring hospital, 4 had died in the neonatal period.

Conclusions: Without local or national guidelines, a significant number of our population had no renal tract ultrasound record at tertiary or secondary care level. In view of this audit, a quality improvement project has been initiated to produce a practice pathway on the SEND for all OA +/- TOF patients to ensure screening for renal anomalies.

0672: PUBLICATION TRENDS IN PAEDIATRIC SURGERY JOURNALS OVER A 20-YEAR PERIOD

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Introduction: To investigate changes in the geographical origin of Paediatric Surgical papers published over a 20-year period.

Methods: All papers published in The Journal of Pediatric Surgery (JPS), Pediatric Surgery International (PSI) and European Journal of Pediatric Surgery (EJPS) over a twelve-month period in the years 1992, 2002 and 2012 were analysed. The country of the lead author's institution was noted and then classified as either developed or developing using an International Monetary Fund classification.

Results: 1975 articles were analysed from the three journals. There was a statistically significant increase in the proportion of articles originating from developing countries in JPS in 2012 compared with 2002 and 1992 (12% to 18%, $p = 0.01$). There was also a statistically significant increase in the proportion of articles originating from developing countries in EJPS and PSI in 2002 compared with 1992 (EJPS: 13% to 33%, $p = 0.002$; PSI: 25% to 39%, $p = 0.01$). By 2012, this trend had reversed and proportions were similar to and not statistically significantly different from 1992 levels (EJPS: 17%; PSI 22%).

Conclusions: Developing countries contributions to Paediatric Surgical journals have fluctuated over a 20-year period. To ensure that experience is shared worldwide, more should be done to encourage such contributions.

0775: COMPLICATED VS COMPLICATIONS: A SERVICE EVALUATION OF ACUTE APPENDICITIS MANAGEMENT IN A TERTIARY CENTRE

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